



05-17-05

Case Docket No. 1171/39624D/92D

In re application of:

Serial No.: 10/686,460

Filed: October 15, 2003

For: BREATHING ASSISTANCE APPARATUS

Applicant: SEAKINS; THUDOR and SMITH

Attorney Docket No.: 1171/39624D/92D

## CERTIFICATE OF MAILING BY "EXPRESS MAIL"

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 Jeffrey E. Sexton

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Sir:

Transmitted herewith is an "AMENDMENT" for the above-identified application.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra
TOTAL	* 22	MINUS	** 24	0
INDEP.	* 1	MINUS	** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
Rate	Addit. Fee		Rate	Addit. Fee
x 25 =	\$ .00		x 50 =	\$ .00
x 100 =	\$ .00		x 200 =	\$ .00
+ 180 =	\$ .00		+ 360 =	\$ .00
TOTAL			TOTAL	
ADDIT. FEE	\$ .00	OR	TOTAL	\$ .00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 20-1495 in the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is also enclosed.

☒ Petition for a Two-Month Extension of Time.

☒ A check in the amount of \$ 450.00 in payment of the Extension Request.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.

☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17

Dated: May 16, 2005

  
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